



Attachment A

Date of this report mo ___/day ___/yr ___

VA SARS **Initial** Report Form
Suspect or Probable Cases

1. Name of person at VA Facility to contact about this report:
2. Phone number: Email address:
3. Name of person at VISN to contact about this report:
4. Phone number: Email address:
5. Patient's Unique Identifying Number: ___ ___/___ ___ ___/___ ___ ___ (first 2 digits = VISN number; second 3 digits = station number; last 4 digits randomly selected by facility; facility must keep key to link patient name with number)
6. Patient's month and year of birth: mo ___/year ___
7. Sex: M ___ F ___
8. Date of onset of SARS symptoms: mo ___/day ___/ year ___
9. Clinical status today: alive ___ deceased ___
10. If deceased: mo ___/day ___/year ___
11. If deceased, whether autopsy was performed: yes ___ no ___
12. Hospitalized today: yes ___ no ___
13. On mechanical ventilator today: yes ___ no ___
14. Presumed source of SARS (select all that apply): travel to area of known community transmission ___; contact with a person with SARS ___; contact with a SARS patient as a health care worker ___; no known exposure ___.
15. SARS acute serology obtained: yes ___ no ___
16. SARS acute serology result: Positive ___ Negative ___ Pending ___

Instructions:

VA Facilities ®

Fax or email these reports to your VISN office. Do not report directly to 10N or 13.

VISNs ®

Fax or email this report to:

1. Your Health Systems Specialist at 10N
2. Office of Public Health and Environmental Hazards (13), Public Health Strategic Care Group (13B)

Email address: **victoria.davey@hq.med.va.gov**

Fax numbers: **(202) 273-6243 or (202) 273-9078**

Phone numbers for questions: (202) 273-8590 or (202) 273-8567

When to send this report: within 48 hours of identification of a suspect or probable case